Proposed CoC Action Plan, March 2012
Iowa Balance of State Continuum of Care

(HUD Directions):
Each Continuum of Care (CoC) should develop an action plan as a result of the CoC Check-up that includes strategies to improve system capacity and performance. Since the CoC Check-up is meant to be a self-improvement process, it is up to CoC stakeholders to decide on the most critical issues to address as a result of the Check-up, how to create an action plan, whether and how the plan aligns with existing plans, and the format of the action plan itself.   CoC's are encouraged to complete the CoC Check-up Review Tool prior to starting the CoC Action Plan. The Review Tool is designed to help CoC's begin to translate the assessment data into action steps and will ease completion of a CoC Action Plan.

This template is intended to serve as an example of the type of community action plan each CoC should work to develop as a result of the CoC Check-up. Local stakeholders are strongly encouraged to develop an action plan that includes goals and strategies related to **capacity** (framed around the CoC check-up self-assessment domains, elements and indicators) and improving **performance**. It is recommended that the CoC Action Plan, at a minimum, identify the goals, related strategies and action steps for each goal, responsible party, timeframe, whether technical assistance is needed, and relevance to CoC capacity areas (per Check-up domains/elements/indicators), Federal Strategic Plan goals and HEARTH Act performance measures. The following lists the Federal Strategic Plan goals, as well as CoC performance measures (i.e., "selection criteria") listed in the HEARTH Act. Also, the next page includes a short list of all CoC Check-up domains and elements.

USICH Federal Strategic Plan Goals (FSP Goals)
A. Finish the job of ending chronic homelessness in 5 years
B. Prevent and end homelessness among Veterans in 5 years
C. Prevent and end homelessness for families, youth, and children in 10 years
D. Set a path to ending all types of homelessness

HEARTH Act CoC Performance Measures (HEARTH PMs)

A. Reduce average length of time persons are homeless
B. Reduce returns to homelessness
C. Improve program coverage
D. Reduce number of families and individuals who are homelessness
E. Improve employment rate and income amount of families and individuals who are homeless
F. Reduce number of families and individuals who become homeless (first time homeless)
G. Prevent homelessness and achieve independent living in permanent housing for families and youth defined as homeless under other Federal statutes

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CoC Check-up Domain/Element	TA Action Plan Item
Domain I: CoC Governance and Structure	
1.1 Element: The CoC has a clear direction and purpose.	*Mission/Purpose*
1.2 Element: The CoC has a governing structure to oversee the CoC, including CoC planning, infrastructure, and CoC projects.	*Governing Structure*
1.3 Element: The CoC primary decision-making group and related committees/subcommittees/working groups have active and diverse membership	*Membership*
1.4 Element: The CoC primary decision-making group has a formal, fair, and transparent process for governing the CoC and making decisions.	*Governing & Decision Making Process*
1.5 Element: The CoC primary decision-making group uses data (PIT, HMIS, other) in a systematic manner to make informed decisions	*Data-Informed Decision Making*
Domain II: CoC Plan and Planning Process	
2.1 Element: The CoC has a strategic plan to prevent and end homelessness in the CoC and the plan provides direction for the CoC.	*Strategic Plan*
2.2 Element: The CoC has an inclusive and transparent process for development of and/or periodic updating of the CoC strategic plan	*Plan Development/Update Process*
2.3 Element: The CoC has a formal process in place to support implementation of the strategic plan.	*Plan Implementation Process*
Domain III: CoC Infrastructure and Administrative Capacity	
3.1 Element: Administrative Capacity: The CoC has adequate capacity to manage the administrative responsibilities of the CoC.	*Administrative Capacity*
3.2 Element: Fiscal Capacity: The CoC has adequate capacity to manage the fiscal responsibilities of the CoC.	*Fiscal Capacity*
3.3 Element: Information Management Capacity: The CoC has adequate capacity to manage the HMIS responsibilities of the CoC.	*Information Management Capacity*
Domain IV: CoC Housing and Services	
4.1 Element: The housing and services available in the community(ies) served by the CoC are accessible by persons who are homeless or at-risk of homelessness and are sufficient and effective at preventing and ending homelessness.	*Housing/Services Accessibility, Sufficiency & Effectiveness*
4.2 Element: The CoC functions as an integrated system of housing and services.	*Housing/Services Integration*
4.3 Element: People who are homeless or at risk of homelessness in the community have access to relevant community-based services and mainstream resources in the community.	*Community-Based Services & Mainstream Resources*
4.4 Element: The CoC as a whole has sufficient knowledge and capacity to provide housing and services.	*Housing/Services Capacity*

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Goal: Expand Rapid Re-housing Capacity						
Strategy	**Action Steps**	**Person/ Organization Responsible**	**Timeframe**	*Relevance*		
				CoC Check-up Element(s)	**FSP Goal(s)**	**HEARTH PM(s)**
Identify outcomes and program standards for rapid re-housing	Meet across Iowa w/ current service providers (or hold conference calls)	Expanding Rapid Rehousing (ERR) committee	May 2012	2.1 3.1	A ,B, C, D	A, C, D
	Utilize HPRP as a baseline	ERR committee	May 2012	2.1 3.1	A, B, C, D	A, C
	Implement Standards in new ESG Phase II funding	Iowa Finance Authority (IFA)	July-Aug 2012	2.1 3.1	A, B	A, D,
Landlord Engagement	Seek more Landlords for membership on the *council (when there are openings)*	Nominating Committee	Ongoing	1.3	D	A, C, D
	Compile a comprehensive summary of rental properties, licensed landlords and properties that meet rent reasonable & lead abatement standards & *work to put this info online*	Coordinated Intake and Executive Committee	March 2013	4.4	D	A,B,D
Continue to identify additional sources of rapid re-housing funding	Push for additional use of Tenant Based Rental Assistance (TBRA) HOME Funds	Executive Committee, IFA	Ongoing	1.3	D	A, B, D
	Look at changes in the pending new CoC regulations for opportunities for Rapid Re-housing projects	CoC	Aug-Sept 2012	1.3	D	A, B, D
Emphasize Rapid Rehousing in future Emergency Solutions Grant (and possible Shelter Assistance Fund) competitions	Reserve greater proportion of ESG funds to RR than was utilized in the HPRP program in Iowa.	IFA, acting on recommendations from Executive Committee/full Council on Homelessness	Beginning May 2012 with new ESG competitions	4.1	A, B, C, D	A,D

Goal: Establish a Community-Wide Coordinated Intake						
Strategy	**Action Steps**	**Person/ Organization Responsible**	**Timeframe**	*Relevance*		
				CoC Check-up Element(s)	**FSP Goal(s)**	**HEARTH PM(s)**
Pilot coordinated intake in different parts of Iowa (urban/rural)	Create a coordinated intake process and standards including Service Point policies	Coordinated Intake committee, HMIS lead & Executive Committee	January 2013	2.1 3.1	A,B,C,D,	A, C, D
	Select pilot sites	IFA, Executive	Aug-Sept 2012	1.4	A,B,C,D	A, C

Strategy	Action Steps	Person/ Organization Responsible	Timeframe	CoC Check-up Element(s)	FSP Goal(s)	HEARTH PM(s)
		Committee & ESG Phase II grant review team				
Engage county, foundation and United Way officials	Seek County General Assistance (GA) workers for membership on the *council (when there are openings)*	Nominating Committee	Ongoing	1.3	D	A,B,C
Pilot/implement new Service Point HMIS capabilities for Coordinated Intake		HMIS Lead, Coordinated Intake Committee	July 2012	4.2, 4.3		C
Develop common tools/assessment methods for Coordinated Intake	Review current assessment tools	Coordinated Intake Committee	July 2012	1.2		C
	Engage stakeholders in conversation about how best to develop tools; publish sample tools for comment	Coordinated Intake Committee, full Council	September 2012 and ongoing	1.2		C
	Finalize common tools/assessment methods	Coordinated Intake Committee, IFA as ESG grantee	Dependent on timeline established in pending CoC regulations	1.2		C

Goal: Expand Access to and Use of Mainstream Resources by Homeless Individuals and Families

Strategy	Action Steps	Person/ Organization Responsible	Timeframe	*Relevance*		
				CoC Check-up Element(s)	FSP Goal(s)	HEARTH PM(s)
Greater engagement and coordination with PHA's	Seek PHA directors for membership on the *council (when there are openings)*	Nominating Committee	Ongoing	1.3	D	A, B, C
Identify available mainstream resources	Compile an inventory of local funding resources and eligibility guidelines with focus on resources for Vets & chronic homelessness	Policy & Planning, committees	May-June	4.3	A, B	C
	Provide training and technical assistance (TA) to mainstream resource providers to reach homeless	Executive committee	Ongoing	4.3	A, B	C

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Goal: Build Iowa Council on Homelessness (ICH) Capacity to Provided Training and Technical Assistance (TA)

Strategy	Action Steps	Person/ Organization Responsible	Timeframe	Relevance		
				CoC Check-up Element(s)	FSP Goal(s)	HEARTH PM(s)
Secure increased state funding to support the Iowa Council on Homelessness	Testify before the Iowa Legislature/supply educational materials to legislators	Executive Committee	January 2012	1.3	D	C
	Raise greater awareness of homelessness across Iowa	Public Awareness committee	Ongoing	1.3	D	C
	Raise ICH awareness of homelessness funding issues	Public Awareness	Ongoing	1.3	D	C
Plan for possible planning funds through the anticipated new Continuum of Care program	Review new CoC regulations when they are released	CoC Lead, Continuum of Care Committee	Projected June or July 2012	3.1		
	Review 2012 CoC Notice of Funding Availability for possible planning funds (CoC administration funds)	CoC Lead, Continuum of Care Committee	Projected September 2012	3.1		
Establish thorough written CoC standard policies and procedures	Establish written policies and procedures for new applications and renewal projects, such as an appeals process, conflict of interest guidelines, scoring guidelines, project performance reviews, etc.	Continuum of Care Committee, CoC lead (especially if CoC planning/admin funds become available)	September 2012 and ongoing	1.4, 3.1		
	Seek assistance from HUD field office in obtaining periodic reports on project spending rates and recaptured funds, to monitor project financial management	CoC Lead	July 2012	3.2		
	Establish written policies for technical assistance if/when issues are identified, and corresponding policies for possible reallocation of funds if necessary	Continuum of Care Committee, CoC lead (especially if CoC planning/admin funds become available)	2013	1.4, 3.1		